UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/KATTUK/1/EXT1
15 July 1998

ORIGINAL: ENGLISH

Third regular session
14-16 and 21-22 September 1998, New York
Item 11 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

Request for Extension of and Additional Resources for the UNFPA Programme for Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan

Report of the Executive Director

1. The Executive Director requests that the first programme of assistance for Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan (KATTUK), be extended by two years through the end of 1999 and that an additional amount of $9.5 million be approved for the programme, thereby raising the total funding authority for 1995-1999 to $32.5 million, of which $26.3 million would be from regular resources and $6.2 million from other resources. The first programme for these six countries with economies in transition was approved by the Executive Board in April 1995 for a three-year period 1995-1997, in the total amount of $23 million, of which $18 million would be programmed from UNFPA regular resources and $5 million from a combination of regular and other resources, to the extent that such additional resources became available. Assistance in the amount of $3.3 million was provided in 1994 in order to address the immediate needs for contraceptives, essential drugs, basic medical equipment and related training. Programme expenditures, including the above-mentioned assistance provided in 1994, amounted to $13.9 million from regular resources and $0.9 million from multi-bilateral resources. The two-year

extension requested would allow UNFPA to harmonize the programme cycle with that of other United Nations agency programmes, starting in 2000.

2. The primary aim of the programme extension is to consolidate and conclude activities and allow sufficient time to carry out the country population assessments and programme formulation for the next cycle of assistance. The objectives of the programme, which forms an integral part of the national population programmes, remain valid during the extension. Governments will continue to be assisted in: (a) promoting women's reproductive health and reducing the number of abortions; (b) contributing to family planning through making quality reproductive health/family planning services, including counselling, available; (c) broadening contraceptive choice and enhancing the ability of individuals and couples to make informed reproductive health decisions; and (d) increasing public awareness, knowledge and understanding of reproductive health/family planning and related population issues. During the extension period, reproductive health services and information, education and communication (IEC) will also be strengthened to address, in particular, the increase in the incidence of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), including HIV/AIDS. In this area, special attention will be focused on meeting the particular reproductive health needs of youth and adolescents.

3. In light of the similarities of their socio-economic and political situations and the fact that the KATTUK countries share related concerns and interests, a single programme framework with common objectives and strategic orientations was adopted for all six countries. Subregional interventions complemented country-specific activities, particularly with regard to the exchange of experiences among different countries, and contributed to a more effective utilization of available human, financial, and institutional resources. Subregional interventions also proved to be particularly valuable in the preparation of censuses, the mobilization of multi-bilateral resources for the procurement of contraceptives and the establishment of a network of reproductive health/family planning centres. UNFPA assistance to the six countries complements the assistance provided by other major donors active in the region, including the World Bank, the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and the United States Agency for International Development (USAID).

4. Programme delivery differs from country to country and the proposed additional resources will be apportioned among the six countries on the basis of needs for assistance in the implementation of ongoing activities, as well as in accordance with the absorptive capacity of each country. Kyrgyzstan has already reported an increase in the use of oral contraceptives and intra-uterine devices (IUDs) and has recorded a decrease in the abortion rate from 54.6 per thousand women of reproductive age, in 1991, to 26.3 in 1996. In Uzbekistan the implementation of the IEC component has been slower than that of the service delivery component due to differences in the executing capacities of the agencies involved. During the extension period, support will focus on

completing project activities and strengthening capacity in the areas where implementation has been slow.

5. In collaboration with WHO, UNESCO and international non-governmental organizations (NGOs), including the International Planned Parenthood Federation, Family Health International, AVSC International and Pathfinder International, UNFPA has concentrated its assistance on improving the skills of health service staff. This has included providing technical and management training for service providers and programme managers and establishing reproductive health/family planning centres. To date, UNFPA has trained about 2,500 staff in reproductive health/family planning service delivery and has established 20 reproductive health/family planning centres. UNFPA is also assisting the six countries in strengthening their family planning logistics and management information and supervision systems. The Fund is the primary source of contraceptives and since 1994 has procured condoms, IUDs, oral contraceptives, injectable contraceptives and diaphragms in the amount of about $5.5 million. UNFPA has also provided essential drugs and medical equipment in response to indicators of worsening maternal and child health conditions. The Government of Germany has committed approximately $1.0 million for the procurement of contraceptives.

6. The UNFPA-supported programme has played a key role in contributing to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), helping to sensitize and inform the public at large on reproductive health and gender issues; integrating population concerns into primary and secondary school education; and motivating communities and individuals to address reproductive health and family planning issues. Considerable headway is being made in training staff in IEC and counselling; in this regard, the findings of the surveys and studies to assess the knowledge, attitudes and practice of the health service staff are proving to be particularly helpful. The Government of the Netherlands has committed about $1.4 million for the development of training and IEC materials and the strengthening of NGOs.

7. UNFPA has also assisted the KATTUK countries in collecting population and health data and in strengthening national capacities in population and development planning. The Fund has supported preparatory activities for the upcoming national population and housing censuses and provided basic equipment for a total value of about $0.66 million. The United Nations Statistics Division, the Statistical Division of the Economic Commission for Europe and the UNFPA Country Support Team (CST) for Central and South Asia organized a series of seminars and workshops, including the ones held in Almaty, Kazakhstan, on national population policy formulation, and in Bishkek, Kyrgyzstan, on population information systems.

8. Community participation and NGO involvement are important for making reproductive health/family planning services and related IEC activities effective and sustainable, particularly in order to reach adolescents and out-of-school youth. NGOs play a critical role in advocacy, counselling and IEC and the Governments of Azerbaijan, Kazakhstan, Turkmenistan and Uzbekistan have requested UNFPA for assistance to expand those services beyond the pilot areas. NGOs are a new phenomenon in these countries and UNFPA serves as the lead agency in promoting and enhancing NGO development, particularly in the area of women's empowerment.

9. It was envisaged that overall management and coordination of the programmes would rest with the UNDP Resident Representatives who also function as UNFPA Representatives in the KATTUK countries. UNFPA has had to build up the human resources support that it provides to UNDP for this task. Following approval of the post by the Executive Board, a UNFPA Representative/Country Director for the subregion was assigned to the Tashkent Office in March 1997, and CST technical support was provided, principally from the Almaty sub-team. Despite these efforts, it has taken time to translate the programme into specific and concrete project activities in the six countries.

Proposed activities

10. Full programme implementation in each of the six countries was reached by the end of 1997. Constraints associated with the start up of programme activities and the relatively short duration of the programme cycle did not facilitate a full-fledged mid-term review of the programme. Reports of workshops and field visits, ad hoc needs assessments and client/service-provider surveys conducted under the projects, together with the tri-partite review findings and recommendations, provide a good basis for appraising the situation and formulating the extension proposal. The reports and recommendations point to the need for further strengthening reproductive health/family planning services with an emphasis on expanding the scope of activities to include the prevention of RTIs and STDs/AIDS, with particular attention to addressing the reproductive health needs of youth and adolescents; ensuring the availability of contraceptives; targeting IEC and counselling to specific audiences; developing programme indicators; and involving NGOs in programme activities, including the delivery of community-based services.

11. As noted above, the knowledge and skills of reproductive health service providers and their awareness of the benefits of modern contraceptive methods have increased significantly as a result of training and the provision of basic equipment, essential drugs and contraceptives. Continued support to the national programmes for better quality of care and improved access to integrated reproductive health/family planning services remains a major component of UNFPA assistance. In view of the enormous needs experienced in this area by most of the countries with economies in transition, assistance is focused on those aspects of reproductive health services which directly

contribute to broadening contraceptive choice, overcoming misunderstanding and misinformation about modern contraceptive methods and reducing the incidence of abortion. UNFPA, therefore, continues to provide contraceptives and supports the related training of health service staff. The Fund will expand its support for training to address the increase in RTIs and STDs, including HIV/AIDS. To carry out these activities, additional resources in the amount of $5.9 million will be required.

12. The reports and surveys referred to earlier have highlighted a continuing need for information dissemination and advocacy on reproductive health and family planning issues, particularly in order to ensure informed contraceptive choice, decrease the incidence of abortion, and prevent the spread of RTIs/STDs/AIDS. Consequently, a strategic communication plan and the development, production and distribution of IEC materials tailor-made to meet the needs of youth and adolescents are very important. However, local expertise in this area is inadequate. UNFPA will therefore continue to provide the necessary technical assistance and will strengthen the outreach capacities of governmental and non-governmental organizations through expanded use of the mass media and the development of IEC and counselling skills. In Azerbaijan, within the framework of the UNAIDS theme group, UNFPA is supporting an IEC project to prevent STDs, including HIV/AIDS. During the extension period, an additional amount of $0.6 million will be required for these activities.

13. KATTUK countries are in a unique period of their history, as they are planning to conduct the first national population and housing census within the next two to three years. Given the importance of a first census to build a reliable national population data base including for monitoring progress towards achieving the ICPD goals, UNFPA proposes to continue its support to the national statistical agencies in charge of census preparations through the provision of technical assistance and training, the procurement of certain basic data processing equipment, and the sharing of lessons learned from pilot census exercises undertaken in other countries. Further improvement of national capacity with respect to census organization and operations, as well as post-census mapping and data dissemination need to be undertaken urgently. The Government of Finland has provided resources for this purpose. While UNFPA will continue to facilitate resource mobilization from the international donor community, an additional amount of $1.3 million from regular resources and $1.0 million from other sources will be required to address the most urgent needs in the areas of technical assistance and training.

14. In the six KATTUK countries, technical assistance is also required to support the respective Governments in the development of national population and development plans and policies. Pending the availability of reliable population data to be collected through the census, assistance will be provided to the relevant national institutions to enhance understanding of population and development interrelationships and to build support for reproductive health and population policy

development among policy makers and government officials. An additional amount of $0.3 million is required for activities in the area of national population law and policy formulation.

15. Special efforts will be undertaken in those regions where women and their families suffer most from adverse ecological and other difficult situations, such as in the Aral Sea Basin and the areas with displaced populations. In view of the serious consequences of these situations on the health and welfare of women in these areas, activities will be undertaken in collaboration with NGOs to address the reproductive health and environmental concerns at the community level and to empower women to improve their status and quality of life. An additional amount of $0.2 million from regular resources and $0.2 million from other sources, is required for these activities. Since the ecological disaster areas surrounding the Aral Sea Basin and the Semipalatinsk region are receiving considerable attention from the international community, it is hoped that this will translate into multi-bilateral support for reproductive health/family planning activities in the affected regions.

16. During the extension period, an in-depth review of the results of the first programme of assistance will be conducted and will supplement the information collected through various reproductive health needs assessments and client/provider surveys carried out in the context of ongoing projects. Arrangements are now under way in each of the six countries for the conduct of country population assessments, which, together with the lessons learned in the course of implementing the programme, will serve as the basis for the formulation of the new programme. Apart from closer national collaboration between the medical and educational establishments for the effective promotion of reproductive health and more explicit attention to advocacy in the area of population and development, experience with project implementation has shown that strategic collaboration with the other United Nations and Bretton Woods institutions will be essential to effectively support the Governments of the six countries in their process of restructuring social and health care systems. In Kazakhstan, substantial work has already been done in this area and an agreement has been reached among United Nations agencies, the World Bank and USAID on the roles and responsibilities for collaboration on health lifestyle promotion as part of the Government's social development strategy. Funds from the reserve will be used to further expand such collaboration and to support the development of the United Nations Development Assistance Frameworks (UNDAFs). The available programme reserve will cover the programme coordination and assistance costs of these and other activities.

17. The table below provides a financial summary of the first programme of assistance, including estimated expenditures through 1997, as well as the additional funding required through 1999. The total additional amount required is $9.5 million.

Numbers in millions of $

	Total approved by Executive Board 1995-1997		Expenditures 1995-1997		Additional approval authority requirements		Total 1995-1999	
	Regular	Other	Regular	Other	Regular	Other	Regular	Other
Reproductive health, family planning	13.0	3.0	12.1	0.7	5.9	-	18.9	3.0
Information, education and communication	3.0	2.0	0.9	0.2	0.6	-	3.6	2.0
Data collection, analysis, and census	0.4	-	0.7	-	1.3	1.0	1.7	1.0
Population policy formulation	0.4	-	0.1	-	0.3	-	0.7	-
Women, population and development	0.2	-	-	-	0.2	0.2	0.4	0.2
Programme reserve	1.0	-	0.1	-	-	-	1.0	-
Total	18.0	5.0	13.9	0.9	8.3	1.2	26.3	6.2
Grand total	**23.0**		**14.8**		**9.5**		**32.5**	

Recommendation

18. The Executive Director recommends that the Executive Board approve the extension of the first programme of assistance for Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan through the end of 1999, and increase the funding authority by $9.5 million, raising the total funding authority of the programme to $32.5 million, of which $26.3 million would be from regular resources and $6.2 million from a combination of regular and other resources, to the extent that such additional resources become available.

*****